

**IOWA DEPARTMENT OF NATURAL RESOURCES
WATER SUPPLY SECTION
CONSTRUCTION PERMIT APPLICATION**

SCHEDULE-13e, Sampling and Testing

Date Prepared	Project Identity
Date Revised	

1. List all sample tap locations, indicate the treatment unit for which the sample tap is provided and whether the sampling tap is on the influent or effluent pipe for that unit. For chlorination, fluoridation or phosphate monitoring, include in the location description the distance downstream from the point of chemical addition.

Sample Tap #	Location

2. Provide the following information on all test kits available at the facility:

Water Quality Parameter	Analytical Method Used	Kit Manuf. Name	Kit Number	Test Range	Smallest Increment

3. Additional Comments: